

So You Want to Start a Peer-Run Warmline?

A Guide to Developing and Maintaining a Sustainable Warmline



By
The National Empowerment Center
and
The National Mental Health Consumers' Self-Help Clearinghouse

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These include:

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Contents



Introduction 1

Considerations When Starting a Warmline 3

- Knowing Your “Market” 3
- Fundraising 4
- Budget Development 7
- Developing a Marketing and Outreach Strategy 8
- Warmline Technology 9
- Recruiting and Retaining Volunteers and Staff 10
- Collaboration with Other Stakeholders 11

Maintaining a Sustainable Warmline 12

- Supervision 12
- Keeping Records 13
- Ongoing Support for Volunteers/Avoiding Burnout 13
- Ongoing Outreach/Publicity 14
- Ongoing Training 15
 - Cultural Competence for Responders 15
 - Developing Trainings for Responders 16
 - Peer Support 17
 - Mutuality 18
 - Sharing One’s Own Story 18
 - Deep Listening 19
 - Suicide Prevention 20
 - Revisiting Mandated Reporting 21
 - Self-Care for Responders and Boundary Setting 21
- Social Networking and Information Technology 23
- Data Collection and Evaluation 24

Conclusion 25

Online Appendix and Sample Materials 26





Introduction

So you want to start a peer-run warmline. You are in luck! This guide was developed by the National Empowerment Center and the National Mental Health Consumers' Self-Help Clearinghouse in collaboration with our Advisory Board consisting of successful warmline operators from around the country to help you do just that. Before getting into more of the specifics you will need to think about, let us first get on the same page about what we are referring to when we talk about warmlines.

What Is a Peer-Run Warmline?

A peer-run warmline is a phone number that people can call to talk to somebody with lived experience with mental health issues, trauma, and/or extreme states. Thus, a peer-run warmline is basically peer support over the phone.

Peer-run warmlines can be accessed either locally, regionally, or nationally, based on the

resources and preference of individual warmlines (see "Knowing Your 'Market,'" p. 3).

This guide defines peer-run warmlines as an alternative to traditional psychiatric crisis hotlines. Warmlines can provide a resource for individuals experiencing emotional distress who do not want to make themselves vulnerable to involuntary hospitalization or other unwanted interventions.

Benefits of Warmlines

Warmlines have enormous community benefits at many levels. These include benefits to the callers who experience peer support, peer operators who find that working or volunteering at the warmline helps them in their own recovery, as well as mental health providers who see how warmlines positively and cost-effectively impact the recovery of people they work with. Following are some testimonials provided by Angel Moore at the David Romprey Oregon Warmline.

I love this job and I'll work as many days I can get...not just for money, but I'm loving how I can help someone and they help me. I'm really enjoying it. There are days when it's my time to work and I'm not having a good day, week, or even month, and when I get on the line I'm easily turned around. Wish I could do this every day.

—Gina, Warmline Operator

I have called the warmline for over two years. I appreciate having someone to call that does not try to "fix" me. I feel very validated and respected, while also realizing that the operator is someone just like me and we can learn from each other. I can give back as well as receive. —Anonymous caller

Having a warmline location here in our county allows us to start Peer-Delivered Services in our area without a large budget while also providing a much needed service to our residents, and creating jobs in our community. —Agency staff

Peer-Run Warmline Models

There are a few different creative ways that peers in our movement have invented to get the most out of warmlines. These include the advent of virtual drop-in centers, adding warmlines onto existing services, utilizing volunteers, and making the most of information technology (see the "Warmline Technology" section on p. 23).

How to Use This Guide

We hope that this guide will provide you with information and resources so that you will feel more confident and able to start a warmline in your area. As you go through the guide, it will be helpful to keep the following considerations in mind:

- 1) How can I collaborate with other groups and organizations?

- 2) What follow-up materials might I need?
- 3) How can I make the best use of existing technologies?
- 4) How can I, through training and other means, infuse a culture in our warmline that operators can handle any call, even the most difficult calls?

We hope that this guide will suit your needs. Please feel free to follow up with questions by visiting us at www.power2u.org

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You can create a warmline just about anywhere. —Angel Moore, David Romprey  
Oregon Warmline

# Considerations When Starting a Warmline

## Knowing Your "Market"

Your "market" includes both the people who might call the warmline and the people you hope will help to get the warmline started. In these initial stages of development, it is important to think about who these people are and how you might engage them. The more "buy-in" you have initially, the better the chances that your warmline will have the positive impact on people's lives that you hope it will.

## Who Are Your Potential Callers?

Even though you may not know exactly who will end up calling, your warmline will have a better chance to be successful if at the early planning stages you get input from potential callers rather than waiting until the warmline is already going. Getting input will also help build your argument when approaching potential funders. Ways to achieve this include:

- \* Hosting community forums that can act as "focus groups"
- \* Hosting guest speakers who have started their own warmlines followed by community dialogues
- \* Inviting people to give feedback through your website, and
- \* Sending out surveys, both paper and online (See Tip above)

## Tip...

**Survey Monkey**  
([www.surveymonkey.com](http://www.surveymonkey.com))  
is an easy-to-use and  
free online survey tool  
that you can use to poll  
your community.

One of the most important considerations in these early stages is whether you want people to be able to call your warmline from beyond your local area. Do you want your warmline to be available across a certain region? Across the whole state? Across the entire country?

The more access people have to your warmline, the busier it will be and the larger impact it can have. This can be good, especially in places where there might be a lower call volume. However, before deciding to extend beyond your local area, you want to make sure you do the following things:

- \* Be very clear as to why you want to extend beyond your area.
- \* Assess whether it is feasible to give workers the extra training necessary to field calls from beyond your area (e.g. training them on national websites and how to search for resources across the country).
- \* Estimate how many extra calls you would be receiving and assess whether you have the infrastructure to handle those calls.
- \* Get a few quotes on how much toll free numbers will cost you.
- \* Work with potential funders to get on the same page (extending your warmline to other areas may also open up additional funding options).



## Who Can Help You Get the Warmline Started?

First, make a list of all the potential organizations that you feel should be involved. Organizations can include the “usual suspects,” such as state and federal agencies, hospitals, peer organizations, family organizations, and local providers. However, it may be useful to think outside the box as well, and include in your list organizations like police departments, domestic violence shelters, youth organizations, churches, etc. After all, the entire community benefits when somebody can avoid a crisis.

Once you have compiled this list, go back and try to identify people in these organizations who have the potential to be allies and ideally are key decision-makers in these organizations. If you don’t know anybody in the organization, request to make a short presentation to key staff on warmlines and their benefits to the community. With people on board from a variety of constituencies, you can now share resources, call on them for help with support letters, cosponsor trainings, create advisory boards, etc. See the “Developing a Marketing and Outreach Strategy” section for more details on p. 8.

As mentioned, taking the initial steps outlined in this section will better prepare you to raise money for the warmline, which is the topic of the next section.

## Fundraising

Although typically thought of as money raised to support projects and organizations, fundraising can also include things like finding volunteers or non-cash (in-kind) donations such as equipment or space. Fundraising is anything you do that results in your project or organization having more funds or spending less on things that you would have needed to spend money on otherwise.

In general, there are several ways to raise funds for projects or organizations. These include government grants or contracts, local provider subcontracts, private foundation grants, individual donations (which can include non-cash donations), sale of products, and volunteer recruitment. While you



probably want to consider all of these options, we recommend that at least initially you focus on building relationships with your local mental health agencies and providers to see whether, either through a grant, contract, or subcontract, they might be willing to support you to start a warmline.

## David Romprey Oregon Warmline—Fundraising Model

*In the beginning, we got \$25,000 from the state of Oregon Block Grant funds, just to try it out for 5 hours a week. With this, combined with funding from Community Counseling Solutions, we began that pilot...then we went and marketed the warmline to all the community mental health providers in Oregon to generate interest for a small annual buy-in of \$5,000. We said, “Hey look, if you put \$5,000 into the warmline, we will come to your location and train your peers, if you provide us with an office space and a phone.” Community mental health providers really liked that idea—we were contacting them, so we held all the liability. They didn’t have to put any more money into it, manage it, etc. We got seven more counties to buy in at that amount. It was also an opportunity to start a peer-delivered service in communities that didn’t have them...*

—Angel Moore

*For the full story, see Angel’s presentation here (starting at 13:15 min):*

<http://youtu.be/bbVs76YyP6U>

## Start Locally

*Once you have done your groundwork and your local mental health agencies and providers are more educated as to the benefits of warmlines, they may begin to realize the potential for a warmline to be a real “win-win” proposition. The main reason you want to start your fundraising at the local level is because if you can secure a grant, contract, or subcontract from your local mental health agency or provider, these are typically ongoing for several years. Most warmlines, at least in the start-up phase, receive funding from county or state government. Both private foundation grants and government grants are typically time-limited, meaning that you have to find a way to keep your warmline funded on a year-to-year basis. An ongoing contract can give you the stable funding your warmline needs to be sustainable.*

## Supplementing Your Funding Base

Ideally, once you have a stable base of funding, then you can look to “diversify” and supplement this funding with other sources, such as grants and volunteers. There are literally thousands of public and private grants available; sometimes it is just a matter of finding them. For example, many cities and towns across the country have Community Development Block Grants available for community projects such as warmlines, and in many areas you can keep reapplying year after year. You can check with your local city community development offices for details on their programs, meetings, application deadlines, etc. As for finding other grants, we recommend the following resources:

- \* The Foundation Center ([www.foundationcenter.org](http://www.foundationcenter.org)): this site has a wealth of articles and information on grantseeking.
- \* Grantsmanship Center ([www.tgci.com](http://www.tgci.com)): free resources on grant and proposal writing.
- \* Local library: free access to printed databases of foundations.
- \* Google: search “community foundations” and the name of your area. Also try googling things like “mental health grants” and see what comes up. More and more foundations are online: there may be state, regional, or local foundations whose mission supports your warmline!



## Summary

Although there are many funding options out there, we recommend starting by building relationships locally to see if you can secure an ongoing grant, contract, or subcontract through your local mental health agencies and providers. That being said, we wouldn't want to limit the strategies you use to fund your warmline. Be creative! If a one-time grant opportunity arises or a large donor surfaces, take advantage and build upon it. Fundraising is an ongoing process.

An important part of fundraising is knowing exactly what you are raising money for and being able to communicate that effectively to potential funders. Thus, it is never too early to begin preparing a budget for your warmline, the topic of the next section.



## Budget Development

From the moment you decide you want to start a warmline, you should start to sketch out a basic budget. A warmline can be as inexpensive as one person receiving calls on their cell phone. For larger warmlines with significant staff and overhead, budgets can reach into the mid-to-high six figures. A budget will help you estimate how much money you will need on a yearly basis to pay for your warmline. Potential funders will usually require that you submit a budget. For sample budget/financial documents, visit [www.mhselfhelp.org/resources/view.php?resource\\_id=837](http://www.mhselfhelp.org/resources/view.php?resource_id=837). In writing your budget, you will need to think about two major categories: personnel and program. Within each of these categories you will list specific items and provide some detail as to how you arrived at the cost for each item (the more detail you can provide the better as it shows funders you have done your research).



## Personnel Section

In this section of your budget, you estimate how much staff time you will need to carry out the warmline. If you decide to rely mostly on volunteers, obviously your staff time will be less, but you may want to consider hiring a volunteer coordinator. You will want to include in this section of the budget anybody who is an official employee.

If you don't know whether they will be official employees, you want to double check whether people would be on the official payroll of the organization. The reason this is so important is that different laws apply to employees versus consultants, and if you plan on hiring official employees, you will need to budget in an extra amount for taxes and fringe benefits (such as health insurance).

Once you decide how many employees you want to hire, you give each position a line on your budget. For example, the Warmline Director would have one line and all the Warmline Operators would share one line. In the detail section, you want to estimate your "Full-Time Equivalents" (FTEs) for each position. 1 FTE is equal to 40 hours per week and can be one full-time person or several part-time people. So, next to Warmline Director, you might write in the detail section: "1 FTE at \$35,000 per year" (or whatever you want the salary to be). Thus the total amount would be  $1 \text{ FTE} \times \$35,000 = \$35,000$ . Another option for the detail section is to use an hourly rate to determine your total for the year. The important thing to note is that you need to consider what functions you would like fulfilled, estimate how many employees you need to hire, and determine pay rates.



You may want to consider bringing warmline operators or other workers on as paid consultants, not official employees. These people would be included under the consultant line within the program section of your budget (consultants are not considered a part of official payroll and do not receive benefits).

### Program Section

In the program section, you want to outline all the other expenses you will have when operating the warmline. Typical line items for this section include supplies, equipment, space, telephone (typically a large amount for warmlines!), printing/copying, website, consultants, transportation, and staff training. As in the previous section, you will want to provide as much detail as possible in the detail section and have quotes available if asked for back-up. When you are first starting up, it may also be a good idea to highlight which expenses will be one-time expenses (such as purchase of some equipment).

### Administrative Fees

Depending on the organization administering the warmline, you may need to add a line for administrative fees or “admin.” Typically the administrative fee is a percentage of your total budget ranging from 5 to 15% that covers “overhead” expenses like payroll. Check with your organization to see whether you need to add this line and what percentage you should use.

## Developing a Marketing and Outreach Strategy

Developing a marketing and outreach strategy is really about understanding the “lay of the land,” whether at the city, county, or state level. It is about getting to know your target audiences and having a sense of the communities and networks they are a part of. Operators of successful warmlines have learned the value of taking time to answer some questions that will make it easier to market your warmline in the start-up phase and to develop an effective ongoing outreach strategy (see text box below).

### Questions to Ask When Developing a Marketing and Outreach Strategy

- \* *What are the consumer/survivor-run programs and organizations in my area? How can we partner to share information about the warmline with the community?*
- \* *Who are my allies in: Local provider agencies? Law enforcement agencies? Parents’ networks? Mental health advocacy organizations? Disability networks? City or county mental health related councils?*
- \* *What are some ideas for “marketing” the warmline to stakeholders who may need convincing of the value of peer-run programs and services?*
- \* *What are the major community newsletters that might include information about the warmline?*
- \* *What are the local and/or regional events to “table at” and share information about the warmline?*
- \* *Are there any local organizing teleconferences that can be used to announce the warmline?*



## Tip...

*Use both electronic and hard copy promotional materials: You have the best shot at getting the word out to a large mix of people if you plan a marketing and outreach strategy that uses both traditional and higher-tech tools.*

## Warmline Technology

Gone are the days when you would need to set up a warmline in a central location and have everybody occupy a station to answer calls. Of course, using a central location is still an option, but it may prove to be much more costly. Now there are several cheaper telephonic, beeper, programmed technology, and call transfer services available where you can use one central number, but warmline operators can receive the calls remotely either through their phones or even through their computers.

### Using Technology to Market Your Warmline

One organization creates an “e-blast” or an electronic email that is sent out once a week. This is a low-cost way to contact a large number of stakeholders and share information about the latest news at the warmline, volunteer opportunities, trainings, and other events of interest to the community at large. See more under “Social Networking and Information Technology” (p. 23).

*If I get my e-blast forwarded back to me by other people three or four times, I know it has reached a saturation point. —Dan Aune, Mental Health America*

### Google Voice—[www.google.com/voice](http://www.google.com/voice)

For smaller and truly grassroots warmlines, you might want to consider using Google Voice. With Google Voice you can establish a free phone line (free to local callers) or pay a nominal fee for a toll-free number. Once you create your phone number, you can go online and automatically forward the calls to warmline operators’ phones.



## Marketing the Old Fashioned Way

People still like a physical object that they can walk away with after attendance at a conference, fair, meeting, or other in-person event. Once you have taken the time to develop a simple logo to represent your warmline (or you can use your existing organizational logo), you can put it on just about anything you can imagine. Magnets, t-shirts, keychains, pens—the sky is the limit. While there is some initial financial investment in purchasing these items, they will help to spread the word and can be included in your advertising budget.

You can leave a stack of tri-fold brochures or one-page flyers at meetings or relevant places in the community, such as consumer-run drop-in and wellness centers, crisis facilities, or hospitals.

Another marketing and recruitment idea is to schedule warmline responder trainings to take place at locations where your target market spends time—such as a peer-run drop-in or wellness and recovery centers.

## Recruiting and Retaining Volunteers and Staff

### Recruitment

In the marketing and outreach strategy brainstorm session, you will have identified your natural allies or partners in the community. You can make presentations to relevant groups and cultivate potential staff and volunteers that way. Or you can outreach to any networks of councils or advisory groups in your county or region. Many of these councils have consumer/survivor

## Tip...

*Research your telephone carrier: One warmline operator discovered that it was possible to save \$1,000/month by managing their own phone system through their carrier. In addition to saving money, they were able to customize and have greater control over what data they were collecting from callers—in terms of where people were calling from, duration of calls, etc.*

members who have a good sense of what is happening in the community and can provide some suggestions for potential staff/volunteers to reach out to. As knowledge of your warmline spreads, you will have people calling you asking how they can volunteer or work for you.

For a sample job description, visit [http://www.mhselfhelp.org/resources/view.php?resource\\_id=835](http://www.mhselfhelp.org/resources/view.php?resource_id=835)

### Volunteers or Staff?

Every warmline has unique needs and budget constraints that will dictate the volunteer to staff ratio. Different warmlines have had to experiment with a mix of paid employees and volunteers.

According to one warmline operator: “Some people are on social security disability, and the reporting requirements can be very difficult. We have gone more towards recruiting volunteers—we get a group of



people who are more invested because they want to help the community. Volunteers can sometimes be better responders. They themselves have often used the warmline, and they see its value firsthand.”

## Collaboration with Other Stakeholders

A critical component in the long-term success of the warmline, as with any peer-run program, is establishing relationships and collaborating with the stakeholders in your community and/or state. Here are some tips that successful warmline operators suggest:

- ♦ **Identify your stakeholders.**

Develop a stakeholder list. These may be the same people/groups you identified in your marketing plan, or they may be slightly different. They may include providers, consumer-run groups and organizations, family organizations, and policy-makers.

- ♦ **Be an active member of relevant councils/groups.**

Volunteer to serve on local mental health consumer advisory councils or other such councils or coalition meetings in your area or state. In this way, you can build important ongoing relationships on the state and local level.

- ♦ **Establish connections with law enforcement.**

If you don't have a relationship with anyone at your local law enforcement agency, ask around to find someone who does and ask them to introduce you. Take time to meet with this individual and

share your promotional materials with them. Offer to provide a presentation for responding officers and follow up as necessary. Law enforcement personnel can be great allies, as they are always looking for ways to reduce the burden on the force.

- ♦ **Network, network, network.**

If you are not already doing so, start attending as many relevant meetings and conferences as you can to spread the word about the warmline. Participating in teleconferences and email list serves can also serve a great networking function.

- ♦ **Collect data to show your effectiveness.**

Part of the relationship-building process may involve convincing doubtful stakeholders about the value of the warmline. Come “armed” with data, either from existing warmlines, if yours is in the start-up phase, or from your own warmline.

## Tip...

*Perspective is everything.*

*Try to think like the stakeholder you are talking to. What is important to them? What are their concerns? How could the warmline make their lives or jobs easier? What is our common ground? Use these questions to “frame” the value of the warmline for stakeholders.*

# Maintaining a Sustainable Warmline

## Supervision

Warmline operators agree that intensive, ongoing support and recovery-oriented supervision is key in maintaining a strong and sustainable warmline workforce. The manner in which you supervise your warmline depends on many factors. These include the size of your organization, the funds and resources available to you, and the experience level of the responders on duty. If you operate under a parent organization or receive funding from a mental health provider, they may have regulations when it comes to supervision of responders.

Many warmlines have supervisors present during the regular working hours of their parent organization and, outside these hours, one or more supervisors is always on-call, available by phone. This will benefit warmlines that operate 24 hours a day or during several hours each day. If your warmline operates only in the evening, you might choose to have a supervisor on-call to assist responders during this time.

If your responders are experienced, less supervision is necessary. A supervisor can sit in on a shift as necessary to give feedback. Weekly meetings of responders and supervisors can bring everyone up to speed. More experienced responders can serve in the

place of supervisors if at least one is present at all times.

Some warmlines do not rent a space for responders to work, but instead issue cell phones to responders, enabling them to work from home. In this case, supervisors can again be available by phone.



*Psychiatric Survivors of Vermont usually has one person working the warmline. If you have limited resources, a warmline can simply be an individual who can call a supervisor if there are any issues. It is a good idea to have an established maximum time limit for each call. If you have more workers, your time limit can be more relaxed. However, if you only have one or two responders working, you may want to use a twenty minute time limit (while training your operators how to be authentic, gentle, and somewhat flexible when communicating this to callers), or one based on the number of calls you usually expect.*



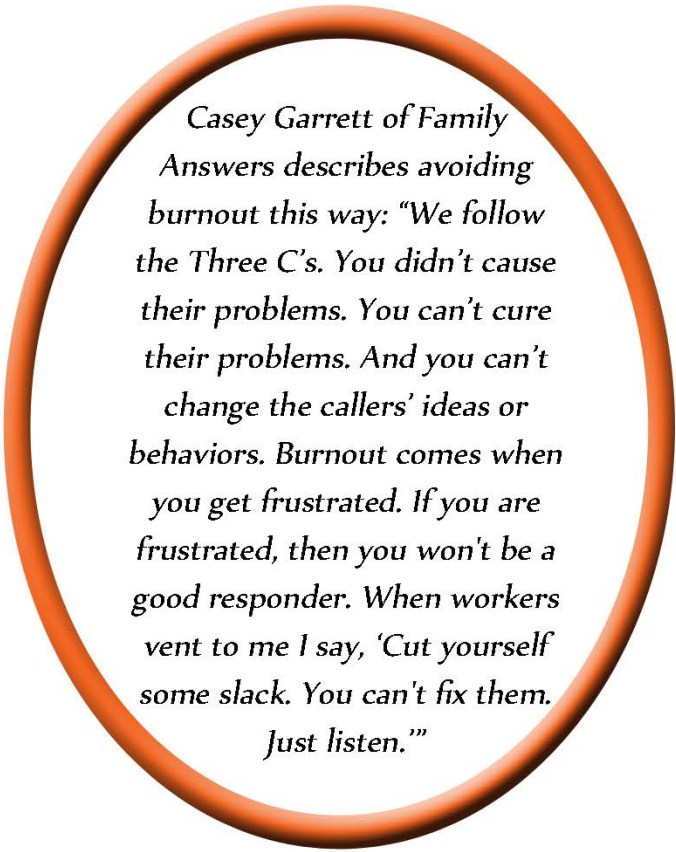
## Keeping Records

Record keeping can be as simple as a written log of who calls, when, and why. It can also be as complex as logging demographical data with software such as iCarol. A supervisor can go over the log after each shift with the responder on duty. Record keeping is also important to familiarize responders who assist the same caller in the future. Notes should be detailed enough to acquaint other responders with the issues each caller is coping with. The names of callers should never be given to anyone not involved directly with the warmline. It is important to be transparent about what notes you are taking and make any data collection optional if possible in your agency.

## Ongoing Support for Volunteers/Avoiding Burnout

Burnout can mean different things for different people, but essentially, it is decreased energy and emotional exhaustion. Warmline responders will need to develop strong coping skills to effectively meet the needs of callers without suffering from burnout themselves. These can be established through specially developed trainings and through consistent support from peers and supervisors.

Maintaining boundaries, which will be discussed in more detail, is an important part of preventing burnout. The key is to employ active listening while not doing any more than your job as a responder allows. Active listening is key, as is avoiding trying to “fix” problems or trying to change the caller.



Casey Garrett of Family Answers describes avoiding burnout this way: “We follow the Three C’s. You didn’t cause their problems. You can’t cure their problems. And you can’t change the callers’ ideas or behaviors. Burnout comes when you get frustrated. If you are frustrated, then you won’t be a good responder. When workers vent to me I say, ‘Cut yourself some slack. You can’t fix them. Just listen.’”

### **Some Co-supervision Tips:**

One warmline operator contacts all responders the day before and after their shift, just to check in. Warmline operators agree that regular check-ins and support are essential to helping responders avoid burnout. Even brief check-ins let the responders know that they matter, convey appreciation for the work that they do, and give them an opportunity to voice any concerns or observations they may have. Responders are always encouraged to take care of themselves and to take a break from the warmline if they need to.

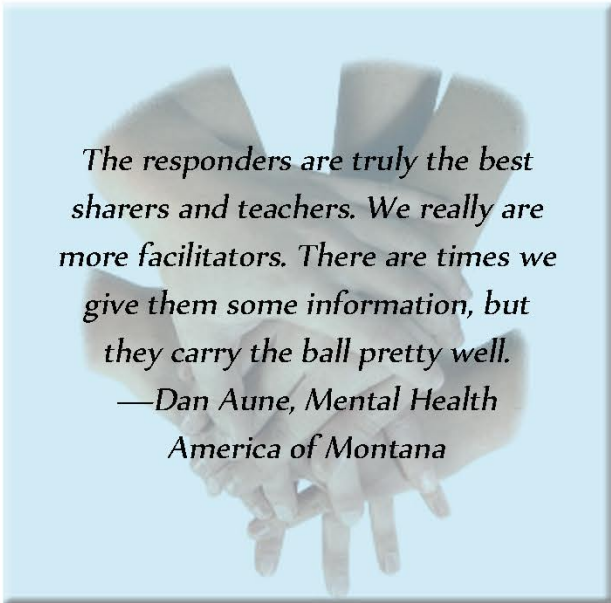
We ask them: ‘How are you doing? How did it go? What worked? What didn’t work?’ We want them to know that their welfare is important to us. We give them the space to say ‘I need to take a week break—I need to take care of myself.’ And that’s OK.

—Dan Aune, Mental Health America of Montana



Mental Health America of Montana organizes a twice-monthly informational teleconference open to all warmline responders. The call may have a specific topic, or can be used as an open-ended forum for reviewing policies and addressing issues collectively.

As mentioned in a previous section, supervisors of warmlines can be available by phone to offer support to responders. In a smaller, more close-knit organization, supervisors can meet with responders to help them process a call, by talking through it or giving any other help that is needed. In addition, operators of warmlines may find it useful to have an open-door policy, in which responders can come to the facility during daytime working hours to speak with supervisors.



*The responders are truly the best sharers and teachers. We really are more facilitators. There are times we give them some information, but they carry the ball pretty well.*

*—Dan Aune, Mental Health America of Montana*

Ongoing support for responders can also be provided by Certified Peer Specialists and other peer workers. Peer workers affiliated with the warmline can be on hand to assist responders in processing difficult or challenging feelings related to a specific call. In addition, if your organization is affiliated

with a local faith-based community or mental health provider or other supportive organizations, they can be called on to provide support to responders.

Another form of support you may need to offer responders is confidentiality and safety. You may not want to have the call center at your main location. Many regular crisis lines have a secured phone room somewhere offsite. This will maintain confidentiality for both callers and responders. Occasionally, but not often, it is a safety issue for responders.

You may have to employ all of the tact in order to engage some callers. Oftentimes, warmline callers are those that do not attend support groups or visit drop-in centers. Sometimes this is because they don't feel comfortable with others or have interpersonal difficulties.

## Ongoing Outreach/Publicity

With just a little attention to ongoing promotion and publicity, you can build on the momentum of your success. Ask people how they heard about the warmline—this can be a great informal way of gauging which efforts are most successful. Here are some tips about ongoing outreach and publicity:

- ♦ **Offer a valuable service to the community.** One warmline operator offers webinars, teleconferences, and other forms of training to the community—these are relatively inexpensive to put on and there is always a subject of value to share. You can partner with other organizations and thus gain access to their members as well.

- ♦ **E-blasts and e-newsletters.** As previously mentioned, an ongoing e-blast or e-newsletter is a great way to stay in touch with the community.
- ♦ **Word of mouth.** Through all of your networking efforts, you will find that a great deal of information about your warmline gets spread by good old fashioned word of mouth.

## Ongoing Training

### Cultural Competence for Responders

Cultural competence is critical. It means taking into account the race, ethnicity, spirituality, age, and the myriad of other cultural dimensions which make up the diversity of your callers. For instance, if your warmline operates in a community with a large Hispanic population, it is wise to have someone who is fluent in Spanish available during operation hours. It can also mean taking into account the social stigma of “mental illness” in a particular religious community.

Cultural competence can also involve less obvious differences between people. If your warmline operates in an urban or rural setting, with the LGBT community, or other groups with other lifestyle differences, these are facts to consider.

For instance, if your warmline primarily operates in a rural area, you will have to take into account that in a close-knit community with strong social ties, confidentiality of callers is very important. On the other hand, callers in rural areas may deal with isolation and difficulty obtaining transportation.

For effective cultural competence in your warmline, responders should be encouraged to be nonjudgmental and supportive regardless of the opinions and values expressed by a caller.

*Folks set their own opinions  
and prejudices aside.  
—Dana, a responder at  
Contact of Knoxville*

### Do's and Don'ts for Cultural Competence

**Do** put aside your own opinions or values if they differ from the caller's.

**Don't** make assumptions about the caller based on race, ethnicity, religion, lifestyle, or sexual orientation.

**Do** identify cultural, ethnic, and religious groups that make use of the warmline, as well as any groups that have specific lifestyle choices. Make sure responders are tuned into these differences when taking calls.

**Don't** allow differences in opinions and values between responders and callers to affect the support and assistance that callers receive.



*There are two cultural competence aspects that are difficult for those working at Family Answers. Most of the responders that work the warmline are on limited incomes. When they speak to those who seem to have a great deal of money, they feel as if the callers are "whining." They also have to try to not be judgmental or condemning of any abusers who call. This is not to say they would not call authorities if they thought a particular caller was a danger to others. In that case, they would have an obligation to inform authorities.*

*If the caller has a sexual issue, you can discuss it without going into detail. If the caller begins to tell responders details that make them uncomfortable, they have the right to set clear boundaries with the caller. Responders should be trained in recognizing and coping with obscene or disrespectful phone calls. This should be part of the boundary setting training, described on p. 21.*

## Developing Trainings for Responders

Training for responders can take place in a group setting. Role-playing activities can be especially helpful in acquainting responders with methods of assisting callers in various situations.

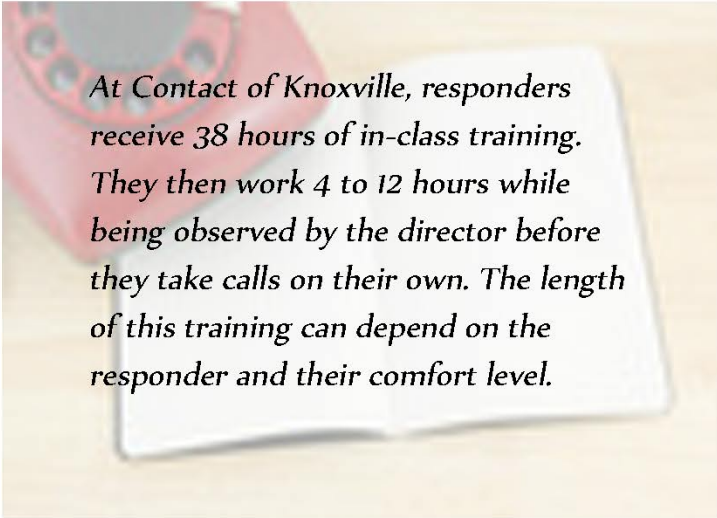
Ongoing group trainings on specific issues may be necessary and will enhance the skills and experience of your responders. You may want to employ the help of a Certified Peer Specialist or other peer provider at a training. They can describe the generalities of various issues and how to work through those issues. They would also be a good contact for responders to have if they feel a caller is in a crisis situation. Make sure responders know to suggest that a caller use a crisis number if they feel there is a possibility that the caller will harm themselves or others.

One-on-one training can be useful as well. After initial training in the general skills necessary to be an effective responder, many warmlines choose to have apprenticeships or

mentorships between new responders and their more experienced coworkers. Some warmlines choose to have new responders start with "listening" apprenticeships, where they simply listen in on effective warmline calls. They then have a mentor who is available to them as they work independently. The mentor can step in to assist a responder on a difficult call. More apprenticeship time can be requested if the responder feels they need it.

There are sample trainings in the Appendix to this guide. You can develop your own trainings based on issues your responders express interest in. Ongoing training topics can be decided by discussions at staff meetings. Try to learn which issues are most important to responders. This may result in trainings ranging anywhere from specific issues of callers (isolation, housing, or hoarding, for example) to larger issues such as disaster response, if there has been a natural disaster locally.





*At Contact of Knoxville, responders receive 38 hours of in-class training. They then work 4 to 12 hours while being observed by the director before they take calls on their own. The length of this training can depend on the responder and their comfort level.*

Attend workshops and conferences; put yourself on listservs and mailing lists related to warmlines. Contact organizations that you listed during your initial outreach strategy and see if they can assist you by providing trainings on specific topics. For example, the Warmline of the Vermont Psychiatric Survivors received technical assistance from the National Empowerment Center. If you make connections with established warmlines, they may be willing to share training materials. For a list of existing trainings, visit [http://www.mhselfhelp.org/resources/view.php?resource\\_id=833](http://www.mhselfhelp.org/resources/view.php?resource_id=833)

## Peer Support

The most important aspect of peer-operated warmlines is that the people receiving calls have been through similar experiences. Thus, it is imperative that warmline operators have a solid foundation with peer support principles such as mutuality, deep listening, and respectful sharing of one's own story. Just because responders are peers does not mean that they naturally understand these principles, as it is easy to replicate the paternalistic systems many of them have experienced.

### *Intentional Peer Support (IPS)*

We recommend Intentional Peer Support (IPS) as a foundational training, but if your organization cannot afford to do such an extensive training, there are other trainings and ways to educate your staff about key peer support principles. One great place to start is with the article "Peer Support: What Makes it Unique" by Shery Mead and Cheryl MacNeil you can read it online here: <http://www.mentalhealthpeers.com/pdfs/PeerSupportUnique.pdf>

## What Is Intentional Peer Support (IPS)?

*Intentional Peer Support is a way of thinking about purposeful relationships. It is a process where both people (or a group of people) use the relationship to look at things from new angles, develop greater awareness of personal and relational patterns, and support and challenge each other as they try new things. IPS has been used in crisis respite (alternatives to psychiatric hospitalization) and by peers, mental health professionals, families, friends, and community-based organizations.*

*IPS is different from traditional service relationships because:*

- \* It doesn't start with the assumption of there being "a problem." Instead people are taught to listen for how and why each of us has learned to make sense of our experiences, and then use the relationship to create new ways of seeing, thinking, and doing.*



- \* IPS promotes a “trauma-informed” way of relating—instead of asking “what’s wrong?” we think about “what happened?”
- \* IPS looks beyond the notion that individuals need to change and examines our lives in the context of our relationships and communities.
- \* Peer Support relationships are viewed as partnerships that enable both parties to learn and grow—rather than as one person needing to “help” another.
- \* Instead of focusing on what we need to stop or avoid doing, we are encouraged to move toward what and where we want to be.

For more information, see [www.intentionalpeersupport.org](http://www.intentionalpeersupport.org)

## Mutuality

A key principle of peer support is mutuality, which means that each person in a given relationship is both a giver and a receiver. What does this mean in the context of a warmline call? How can you be a receiver of support as a warmline operator? Well, peer support begins with the assumption that both the person receiving the call and the person calling in are human beings on an equal playing field. Obviously they may be in different places in their lives at the moment, but the warmline operator should approach every call with a very open mind, with a willingness to share a bit of his or her own story when appropriate, and should never try to fix people or situations.



## Sharing One's Own Story

How should warmline operators share their own story? Here is where peer support diverges significantly from clinical settings, where sharing anything about yourself is usually strongly discouraged. In fact, if you don't ever share any of your own story and how it relates to the person you are supporting, then you are not doing peer support. The key is learning how to respectfully share pieces of your story in a way that is received as supportive by the other person. Here are some questions to ask yourself before sharing your story:

- \* Is what I want to share related to what the other person is talking about?
- \* Do I think that my sharing will be well received? (Before sharing, you can always ask the person if he or she feels that sharing a piece of your own story will be helpful.)
- \* What piece of my story do I think will have the most impact? (You don't want to go on for too long, as the focus should be more on them in this context.)

## Deep Listening

Probably the most powerful thing warmline operators can do is to listen deeply. A lot of us have experienced mental health problems or felt our problems compound because we weren't listened to. Deep listening doesn't mean that you have to agree with or believe everything the other person is saying. Instead, deep listening is a way for you to better understand where the other person is coming from. Deep listening is more than reflecting back what the other person says (although this can be helpful), it is having true curiosity about the person, who they are, and where they are coming from. Using deep listening skills can be especially helpful when callers discuss bizarre, unusual, and/or unshared beliefs. Often if you can ask clarifying questions about these beliefs, you can come to a deeper understanding and uncover underlying issues. Visit [http://www.mhselfhelp.org/resources/view.php?resource\\_id=839](http://www.mhselfhelp.org/resources/view.php?resource_id=839) for a presentation on deep listening principles.

### Tip...

An excellent resource on deep listening is Emotional CPR, a public health education program designed to train people to help one another through emotional crisis. The main components of eCPR are C = Connecting, P = emPowering, and R = Revitalizing.

[www.emotional-cpr.org](http://www.emotional-cpr.org)



### Emotional CPR

*The Connecting process of eCPR involves deepening listening skills, practicing presence, and creating a sense of safety for the person experiencing a crisis. The emPowering process helps people better understand how to feel empowered themselves as well as how to assist others to feel more hopeful and engaged in life. In the Revitalizing process, people re-engage in relationships with their loved ones and support systems, and they resume or begin routines that support health and wellness, reinforcing their sense of mastery and accomplishment, further energizing the healing process.*

*We encourage you to consider this training for your warmline operators.*





## Suicide Prevention

Many of us with lived experience have had suicidal thoughts and impulses, but it is rare to have a safe place to talk about them. When it comes to warmlines and preventing suicide, two basic principles should apply:

- 1) Warmline operators should be able to handle the vast majority of situations without needing to refer people to more intensive emergency services.
- 2) Extra time should be given to these situations, basically as much time is needed to have the call end in a good place.

When somebody is calling the warmline wanting to talk about suicide, it is likely that they are looking for help. Otherwise, they didn't need to call your warmline, they could have just gone out and done it. Often people tell us they would call a warmline before the thoughts of suicide became too strong to manage. In contrast, people are afraid to call a hotline because they fear they will be picked up by the police or a crisis team as soon as they start to discuss suicide. As a result, if only a hotline is available, suicidal thoughts are more likely to reach the point of greater danger.

The worst thing you can do in these situations is react out of fear, call the police,



and disengage. While it may be necessary, in extremely rare situations, to call the police or a traditional crisis team, this should always be a very last resort. The person calling is entrusting you with core information that they may be afraid to reveal to anyone else, and you need to respect and honor this disclosure and spend the time necessary to get to know the person and their situation.

If you do spend the necessary time, listen, and ask good questions, most often you will be able to develop a plan together for the person to stay safe, or sometimes they will feel so much better at the end of the call they won't feel suicidal anymore. Whenever you can, try to help the person connect to community resources, such as a local peer-run recovery center, where they can receive ongoing in-person support.

*The best protocol we've found on suicide was developed by the Western Massachusetts Recovery Learning Community and you can access it here:*  
[http://www.mhselfhelp.org/resources/view.php?resource\\_id=838](http://www.mhselfhelp.org/resources/view.php?resource_id=838)

*For more information on sensitive and creative responses to suicidal feelings, see the Madness Radio Interview with David Webb:*

<http://www.madnessradio.net/madness-radio-talking-about-suicidal-feelings-david-webb>

*Also check out David Webb's Blog:*  
[www.thinkingaboutsuicide.org](http://www.thinkingaboutsuicide.org)

## Revisiting Mandated Reporting

Misunderstanding mandated reporting is common in agencies. When it comes to issues of suicide and violence, peer workers who work in agencies often fear that they are required to report people because they are mandated reporters. This is simply not the case. Mandated reporting laws vary from state-to-state, but universally they only apply to incidents involving child abuse or abuse toward people with disabilities. Suicide and forms of violence not directed at children or people with disabilities do not fall under mandated reporting laws.

We recommend that you check with your agency, as they may have developed policies that reflect this misunderstanding of mandated reporting laws. Bringing up this topic in your agency could lead to a fruitful, dynamic discussion and perhaps a more progressive approach and policies toward handling difficult situations.



## Self-Care for Responders and Boundary Setting

Develop specific policies for setting boundaries for your warmline. Have these available as printed guides you distribute to new responders. Boundary-setting techniques should be described in depth during in-class training and should then be reinforced when new responders watch interactions between actual responders and callers. A training on self-care for all responders is very important. You can also discuss challenging calls at staff meetings.

### Some Boundary Setting Do's and Don'ts

**Do** respect confidentiality.

**Do** decide in advance what your boundaries are.

**Do** decide if you will work with a pseudonym or use your real name.

**Don't** speak about callers in public. This includes repeating parts of their call to friends and family in public or using any other identifying information. This is especially true if your warmline operates in a small community, because other people may recognize who you are discussing.



## Guidelines for Peer Support and Warmline Mentors: Eight Core Principles

(excerpted from the Advocacy Alliance Warmline Training Manual, p. 14)

**Do the most good.** Do the right thing. Use our abilities and skills solely for the recovery and well-being of the individuals calling the warmline or utilizing the programs and services we provide.

**Do no harm.** Do not use your position of power or influences for personal gain or against the will of the individual. Develop and provide a safe and secure atmosphere/environment.

**Focus on the individual and interdependence.** Respect and encourage the individual's right to choice, self-determination and interdependence.

**Be Fair and Just.** Distribute resources equally. Treat individuals with dignity. Fight discrimination and stigma.

**Tell the truth.** (Honesty) Provide accurate and clear information. Keep your promises and agreements. (Don't make false promises.)

**Informed Consent.** Provide information about available services. Provide information about options, risks and potential consequences of choices. Explore options objectively.

**Privacy and Confidentiality.** Respect individuals' rights to control information about themselves. Do not share information about individuals with other agencies, programs, family or friends without written consent.

**Continuing Education.** Ensure personal growth and professional competence. Continue to develop skills and knowledge. Work to implement new skills and knowledge into services provision.



## Social Networking and Information Technology

The internet and online social networking are radically changing the way we communicate. The ways in which these technologies will impact the future of peer support are still unfolding and have yet to be determined. Yet, it is an exciting time as innovators experiment to find out how technology can help facilitate individual recovery and wellness.

Once you have gained a better understanding of the needs of your target market, consider integrating any or all of these technologies into your operational strategy:

- ✦ Specialized telephonic support groups
- ✦ Website
- ✦ Facebook/Twitter
- ✦ Blogging
- ✦ E-blasts
- ✦ Skype support groups
- ✦ Chat rooms
- ✦ Discussion forums

### **Do Your Research Before Developing a Social Media Strategy**

*Some questions you might consider trying to research include:*

- ✦ *What percentage of people in our target market have internet access? Access to smartphones?*
- ✦ *How many people are familiar with Skype? Social media websites such as Facebook? How are they using these technologies?*
- ✦ *What support might people need to overcome issues of access or intimidation?*
- ✦ *What are some ways that social media could be helpful to consumers?*
- ✦ *What do consumers want and need in terms of online v. telephone support?*

*These questions can be addressed via targeted focus groups and supplemented by an online survey.*

*For an example of how to use social media, see the Montana Warmline's Facebook and Twitter pages:*  
[www.facebook.com/MTWarmline](http://www.facebook.com/MTWarmline)  
[www.twitter.com/mtwarmline](http://www.twitter.com/mtwarmline)





## Technology Tips

### Tip...

Familiarize yourself with technology and incorporate it in your warmline operational strategy whenever possible. Potential grant organizations or funders generally like innovative uses of technology. Cost is always an issue in the start-up phase for a warmline and being aware of technology can help you to secure additional funding.

### Tip...

For more information on information technology and warmlines, see the presentation by Julio Brionez (starts at 45:46 min) of Mental Health America of Montana, on NEC's webinar archive "So You Want to Start a Peer-Run Warmline?" found at <http://www.power2u.org/peer-run-warmlines.html>

## Data Collection and Evaluation

*This was a huge one for us—to get funding from the state (or future funding). We asked callers: if they didn't have the warmline, would they have accessed a more costly service, such as 911, hospital, social workers, etc? This data is used to identify a cost difference and analysis to show the savings around the state. We went to the state of Oregon and said, "Look how much money we are saving in these areas—not only for the state, but taxpayers. And we are keeping people out of these hospitals, when they don't have to go to them—they can just call and process through whatever they are going through."*

—Angel Moore, David Romprey Oregon Warmline

For a longer discussion of data collection, see Angel's presentation here (starting at 31:43 min): <http://www.youtube.com/watch?v=bbVs76YyP6U&feature=youtu.be>

## Tip...

*Quantify your results from day one. Collecting data from the beginning and communicate your results to prospective funders and community stakeholders.*

# Conclusion

Due to advances in technology, it is now simpler and more cost-effective than ever to start a peer-run warmline. As we hope this guide shows, a key to maintaining a sustainable peer-run warmline over time is to have a clear vision from the outset. A sizeable investment of time in the planning stages will go a long way. Fostering relationships with other peer-run programs, mental health agencies, and allies in the community will help you as you develop and implement your outreach and marketing strategy. Be sure to nurture your responders and avoid burnout through creating a thoughtful co-supervision policy. Finally, make data collection a priority, as it can both help to secure funding as well as to further establish peer-run warmlines as evidence-based practices.

We hope that this guide has been helpful to you in starting your warmline. Congratulations on taking steps to providing a much-needed resource in your community!





# Online Appendix and Sample Materials

Visit [http://www.mhselfhelp.org/resources/list.php?resource\\_resourcecategory-19](http://www.mhselfhelp.org/resources/list.php?resource_resourcecategory-19) for a comprehensive set of materials to help you start and sustain your warmline, including:

- ✦ Record Keeping
- ✦ Budget/Financial Documents
- ✦ Operation Manuals/Documents
- ✦ Training Materials

*Disclaimer: The National Empowerment Center and The National Mental Health Consumers' Self-Help Clearinghouse do not necessarily endorse all the information and/or policies contained in the above-referenced materials.*